



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF INDIANA, INC. - NORTH

City of Hospital: Indianapolis

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Paul Klassen

Email Address: pklassenii@ecommunity.com

Medicare Provider Number: 15-0169, 15-T169 and 15S-169

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$561828608
Outpatient Patient Service Revenue	\$312398293
Total Gross Patient Service Revenue	\$874226901

2. Deductions From Revenue

Contractual Allowance	\$476714489
Other Deductions	\$25698808
Total Deductions	\$502413297

3. Total Operating Revenue

Net Patient Service Revenue	\$371813604
Other Operating Revenue	\$31981377
Total Operating Revenue	\$403794981

4. Operating Expenses

Salaries and Wages	\$91878637	Employee Benefits	\$31474255
Depreciation and Amortization	\$18459641	Interest Expense	\$24282201
Bad Debt	\$13535498	Other Expenses	\$157985308
Total Operating Expenses	\$337615540		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$66179441	Total Assets	\$742984475
Net Non-operating Gains over Loss	\$159775353	Total Liabilities	\$357006102
Total Net Gains	\$225954794		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$289047404	\$215202154	\$73845250
Medicaid	\$121434704	\$70746615	\$50688089
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$463744793	\$216464528	\$247280265
Total	\$874226901	\$502413297	\$371813604

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$861677	\$-861677

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$118896	\$6485932	\$-6367036

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$25698808
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9337354	
HCI Payments	\$0		
Subtotal	\$0	\$9337354	\$-9337354
Medicaid Shortfalls	\$50688089	\$69322186	
Subtotal	\$50688089	\$78659540	\$-27971451
DSH Payments	\$0		
Subtotal	\$50688089	\$78659540	\$-27971451
Medicare Shortfalls	\$73845250	\$104924208	
Other Government Programs	\$0	\$0	
Total	\$124533339	\$183583748	\$-59050409

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

